

FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State and Territories * must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: IN
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature: _____
Jill Claypool, Director of Care Programs, OMPP

SCHIP Program Name(s): All, Indiana

SCHIP Program Type:

- ☐ SCHIP Medicaid Expansion Only
☐ Separate Child Health Program Only
☒ Combination of the above

Reporting Period: 2007 *Note: Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07.*

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Submission Date: 3/11/2008

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
	* Upper % of FPL are defined as <u>Up to and Including</u>									
Eligibility						From		% of FPL conception to birth		% of FPL *
	From		% of FPL for infants		% of FPL *	From	150	% of FPL for infants	200	% of FPL *
	From	133	% of FPL for children ages 1 through 5	150	% of FPL *	From	150	% of FPL for children ages 1 through 5	200	% of FPL *
	From	100	% of FPL for children ages 6 through 16	150	% of FPL *	From	150	% of FPL for children ages 6 through 16	200	% of FPL *
	From	100	% of FPL for children ages 17 and 18	150	% of FPL *	From	150	% of FPL for children ages 17 and 18	200	% of FPL *

Is presumptive eligibility provided for children?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input type="checkbox"/>	Yes - Please describe below: For which populations (include the FPL levels) [1000] Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000] Brief description of your presumptive eligibility policies [1000]
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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available?	<input checked="" type="checkbox"/>	Yes, for whom and how long? For up to 3 months from date of eligibility for those determined eligible for the program	<input checked="" type="checkbox"/>	Yes, for whom and how long? to the first day of the month of application, after the first premium payment has been received.
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input checked="" type="checkbox"/>	No
			<input type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes – please check all that apply	<input type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
	<input type="checkbox"/>		<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a face-to-face interview during initial application	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 3	
			To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
			To all groups and FPL levels between 150% and 200%	
		List all exemptions to imposing the period of uninsurance [1000]		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
			If yes, what database? [1000]	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount 50	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	

			Families with income betw 150-175%FPL pay a monthly premium of \$22 for 1 child, \$33 for 2 or more; 175-200%, \$33 for 1 child, \$50 for 2 or more. The yearly cap is 5% of the family's annual income.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	Same as for Medicaid		Same as for Medicaid	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Enter any Narrative text below. [7500]

Comments on Responses in Table:

2. Is there an assets test for children in your Medicaid program? ☐ Yes ☒ No ☐ N/A
3. Is it different from the assets test in your separate child health program? If yes, please describe in the narrative section below the asset test in your program. ☐ Yes ☐ No ☒ N/A
4. Are there income disregards for your Medicaid program? ☒ Yes ☐ No ☐ N/A
5. Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program. ☐ Yes ☒ No ☐ N/A
6. Is a joint application used for your Medicaid and separate child health program? ☒ Yes ☐ No ☐ N/A

7. Indicate what documentation is required at initial application

	Self-Declaration	Documentation Required
<u>Income</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Citizenship</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Insured Status</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Application documentation requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Benefit structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n) Family coverage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Premium assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q) Prenatal Eligibility expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t) Other – please specify						
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

9. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
b) Application	
c) Application documentation requirements	

d) Benefit structure	
e) Cost sharing (including amounts, populations, & collection process)	
f) Crowd out policies	
g) Delivery system	
h) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
i) Eligibility levels / target population	
j) Assets test in Medicaid and/or SCHIP	
k) Income disregards in Medicaid and/or SCHIP	
l) Eligibility redetermination process	
m) Enrollment process for health plan selection	
n) Family coverage	
o) Outreach	
p) Premium assistance	
q) Prenatal Eligibility Expansion	
r) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	

s) Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
t) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:

Please indicate the status of the data you are reporting, as follows:

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.

- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005 technical specifications were used. This measure is the percentage of children who turned 15 months old during the measurement year receiving between one and five well-child visits, six or more well-child visits, or no well-child visits during their first 15 months of life. The measurement year for HEDIS 2005 measures is 2004.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006 technical specifications were used. This measure is the percentage of children who turned 15 months old during the measurement year receiving between one and five well-child visits, six or more well-child visits, or no well-child visits during their first 15 months of life. The measurement year for HEDIS 2006 measures is 2005.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007 technical specifications were used. This measure is the percentage of children who turned 15 months old during the measurement year receiving between one and five well-child visits, six or more well-child visits, or no well-child visits during their first 15 months of life. The measurement year for HEDIS 2007 measures is 2006.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies. The data used for this measure is the result of combining administrative data (i.e. claims and encounter data) with data from medical record review.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies. The data used for this measure is the result of combining administrative data (i.e. claims and encounter data) with data from medical record review.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies. The data used for this measure is the result of combining administrative data (i.e. claims and encounter data) with data from medical record review. Results were audited by a certified HEDIS Auditor.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery system that turned 15 months old during 2004. The figures are reported separately for each of the three Indiana MCOs, Harmony Health Plan, MDWise and MHS.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery system that turned 15 months old during 2005. The figures are reported separately for three of the five Indiana MCOs, Harmony Health Plan, MDWise and MHS. The other two MCOs, CareSource and Molina, did not have populations satisfying the 2 year enrollment criteria as they were new MCOs for this reporting period.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery system that turned 15 months old during 2006. The figures are reported separately for two of the three current Indiana MCOs, MDWise and MHS. The third MCO, Anthem, is new as of January 2007. Results are not available for three other MCOs in place in 2006—Harmony Health Plan, CareSource and Molina—because they were not under contract in 2007 when the measurement would take place.</p>
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>3 visits</u> Numerator: Denominator: Rate: Additional notes on measure: Comparison Baseline is NCQA Medicaid 2003 Median Rate and base year was HEDIS 2004. No change in definition of measurement in HEDIS did between HEDIS 2004/HEDIS 2005 so the data can be compared. The HEDIS 2004 values for children with no visits vs. those with > or = six visits were 8%/22% for Harmony, 4%/40% for MDWise, and 9%/26% for MHS, respectively. The HEDIS 2005 values for children with no visits vs. those with > or = six visits were 7%/45%/Harmony, 3%/44%/MDWise and 6%/33%/MHS.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>3 visits</u> Numerator: Denominator: Rate: Additional notes on measure: Comparison baseline is NCQA Medicaid 2004 Median Rate and base year 2004 data. HEDIS 2005 values for children with no visits vs. those with > or = six visits were 7%/45% for Harmony, 3%/44% for MDWise, and 6%/33% for MHS, respectively. With respect to measurements against HEDIS 2005, all three MCOs improved their performance on the measurements in the HEDIS 2006. HEDIS 2005 values for children with no visits vs. those with > or = six visits were 2%/55%/Harmony, 3%/56%/MDWise and 4%/49%/MHS.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>3 visits</u> Numerator: Denominator: Rate: Additional notes on measure: Zero visits rate: MDwise - 1.5%; MHS - 3.2% 1 visit rate: MDwise - 1.2%; MHS - 3.9% 2 visits rate: MDwise - 1.9%; MHS - 3.4% 3 visits rate: MDwise - 3.4%; MHS - 8.3% 4 visits rate: MDwise - 8.8%; MHS - 12.6% 5 visits rate: MDwise - 21.6%; MHS - 15.8% 6+ visits rate: MDwise - 61.6%; MHS - 52.8%
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:

<p>Additional notes on measure: Opportunities to improve upon these measurements, however, when compared to the NCQA Medicaid 2003 Median rates. National median for the percentage of children receiving no well-child visits is 2%; the national median for the percentage receiving > or = six is 46%. MCOs slightly above the national median for no visits and slightly below the median for > or = six visits.</p>	<p>Additional notes on measure: Opportunities to improve when compared to NCQA Medicaid 2004 Median rates. National median for % of children receiving no visits is 2% and for > or = six is 46%. The weighted statewide aggregates for 2004 were 5% and 41%; for 2005 were 3% and 53%. MCOs have improved and are all above the median for six or more visits but although improved are still slightly above the national median for no visits.</p>	<p>Additional notes on measure: Both MCOs have improved and are above the NCQA Medicaid 2006 median benchmark of 50% for 6+ visits.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The objective set was to decrease the number of children with no medical visits by 3% statewide and to increase the number of children with 6 or more visits by 2% statewide. Both MCOs met these goals.</p> <p>Are there any quality improvement activities that contribute to your progress? No.</p> <p>Annual Performance Objective for FFY 2008: To decrease the number of children with no medical visits by 3% statewide. To increase the number of children with 6 or more visits by 2% statewide.</p> <p>Annual Performance Objective for FFY 2009: To decrease the number of children with no medical visits by 3% statewide. To increase the number of children with 6 or more visits by 2% statewide.</p> <p>Annual Performance Objective for FFY 2010: To decrease the number of children with no medical visits by 3% statewide. To increase the number of children with 6 or more visits by 2% statewide.</p> <p><i>Explain how these objectives were set:</i> Projected goals are based upon aggregate rate increase from data from previous years for all participating and qualifying managed care organizations.</p>		
<p>Other Comments on Measure:</p>		

MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005 technical specifications were used. This measure is the percentage of enrolled children age three through six receiving one or more well-child visits with a primary care practitioner during 2004.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006 technical specifications were used. This measure is the percentage of enrolled children age three through six receiving one or more well-child visits with a primary care practitioner during 2005.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007 technical specifications were used. This measure is the percentage of enrolled children age three through six receiving one or more well-child visits with a primary care practitioner during 2006.</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input checked="" type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies. The data used for this measure is the result of combining administrative data (i.e. claims and encounter data) with data from medical record review. Results were audited by a certified HEDIS Auditor.</p>

FFY 2005	FFY 2006	FFY 2007
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery systems that were three to six years old during 2004. The figures are reported separately for each of the three Indiana MCOs, Harmony Health Plan, MDWise and MHS.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery systems that were three to six years old during 2005. The figures are reported separately for three of the five Indiana MCOs, Harmony Health Plan, MDWise and MHS. The other two MCOs, CareSource and Molina, did not have populations satisfying the 2 year enrollment criteria as they were new MCOs for this reporting period.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery system that were three to six years old during 2006. The figures are reported separately for two of the three current Indiana MCOs, MDWise and MHS. The third MCO, Anthem, is new as of January 2007. Results are not available for three other MCOs in place in 2006—Harmony Health Plan, CareSource and Molina—because they were not under contract in 2007 when the measurement would take place.
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: Denominator: Rate: Additional notes on measure: Comparison baseline is NCQA Medicaid 2003 Median Rate and base year is 2003 data. Base year data from last year showed % of children in age range who received at least one visit in 2003 was 49%/Harmony, 58%/MDWise, and 56%/ MHS. 2004 statistics were compared to baseline and NCQA Medicaid 2003 median rate. Harmony improved its performance in 2004, increasing to 56%. MDWise and MHS remained same at 57% and 54%, respectively; all slightly below NCQA Medicaid median of 61%.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: Denominator: Rate: Additional notes on measure: Comparison baseline is NCQA Medicaid 2004 Median Rate and base year is 2004 data. Percentage of children in this age range who received at least one well-child visit during 2004 was 56%/Harmony, 57%/MDWise, and 54%/ MHS. 2005 data was compared to baseline statistics and NCQA Medicaid 2004 median rate. Harmony improved increasing to 62% in 2005. MDWise and MHS improved slightly over last year at 60% and 60%, respectively.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: Denominator: Rate: Additional notes on measure:

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The performance on this measure for all three MCOs, while improving, is still slightly below the NCQA Medicaid median of 64%. The weighted statewide aggregate for 2004 was 56% while the weighted statewide aggregate for 2005 was 61%.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The objective identified in the 2006 Report was to raise the statewide rate on this measure by 2%. Since MDWise increased by 17% and MHS by 5%, this objective was met.</p> <p>Are there any quality improvement activities that contribute to your progress? No.</p> <p>Annual Performance Objective for FFY 2008: To increase statewide the number of children in each age group receiving one visit at least per year by 2%.</p> <p>Annual Performance Objective for FFY 2009: To increase statewide the number of children in each age group receiving one visit at least per year by 2%.</p> <p>Annual Performance Objective for FFY 2010: To increase statewide the number of children in each age group receiving one visit at least per year by 2%.</p> <p><i>Explain how these objectives were set:</i> Projected goals are based upon aggregate rate increase from data from previous years for all participating and qualifying managed care organizations.</p>		
<p>Other Comments on Measure: MDwise - 70%; MHS - 63%. When compared to the NCQA Medicaid 2006 Median Rate of 65%, MDWise was slightly above the benchmark and MHS was slightly below the benchmark.</p>		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005 technical specifications were used. This measure is the percentages of enrolled children who have persistent asthma and were prescribed appropriate medications. The measure is reported separately for children age five to nine and children age ten to seventeen.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006 technical specifications were used. This measure is the percentages of enrolled children who have persistent asthma and were prescribed appropriate medications. The measure is reported separately for children age five to nine and children age ten to seventeen.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007 technical specifications were used. This measure is the percentages of enrolled children who have persistent asthma and were prescribed appropriate medications. The measure is reported separately for children age five to nine and children age ten to seventeen.</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies. Results were audited by a certified HEDIS Auditor.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery systems that were identified as having persistent asthma. The figures are reported separately for each of the three Indiana MCOs, Harmony Health Plan, MDWise and MHS</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery systems that were identified as having persistent asthma. The figures are reported separately for three of the five Indiana MCOs, Harmony Health Plan, MDWise and MHS. The other two MCOs, CareSource and Molina, did not have populations satisfying the 2 year enrollment criteria as they were new MCOs for this reporting period.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery systems that were identified as having persistent asthma. The figures are reported separately for two of the three Indiana MCOs, MDWise and MHS. The third MCO, Anthem, is new as of January 2007. Results are not available for three other MCOs in place in 2006—Harmony Health Plan, CareSource and Molina—because they were not under contract in 2007 when the measurement would take place.</p>
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Comparison baseline is NCQA Medicaid 2003 Median Rate and base year is 2003 data. HEDIS 2004 measures for children five to nine: 74%/Harmony, 54%/MDWise, and 37%/MHS. Children ten to seventeen were 63%/Harmony, 59%/MDWise, and 49%/MHS. In 2004 in the five to nine year old category Harmony/74%, in the age ten to seventeen category 74%; MDWise for five to nine year olds and ten to seventeen year olds 65%/64% respectively; MHS 40% for five to nine-year-olds/55% for 10 to 17-year-olds.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Comparison baseline is NCQA Medicaid 2004 Median Rate and base year is 2004 data. HEDIS 2005 measures for children five to nine were: 74%/Harmony, 65%/MDWise, and 40%/MHS; Children ten to seventeen were 74%/Harmony, 64%/MDWise, and 55%/MHS. 2005 performance in the five to nine category Harmony/91% and in the ten to seventeen category/88%; MDWise/90%/87% respectively; MHS/86%/80%. All three MCOs reported findings above the NCQA median values (67% for 5-9 year-olds and 64% for 10-17 year-olds).</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: 5-9 yrs rate: MDwise - 89%; MHS - 88% 10-17 yrs rate: MDwise - 87%; MHS - 87%</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Harmony reported findings above the NCQA median values and MDWise reported findings at the NCQA median values (65% for 5-9 year-olds and 64% for 10-17 year-olds).</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The weighted statewide aggregates for 2004 were 60% and 64% respectively. The weighted statewide aggregates for 2005 were 89% and 85%.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The performance target was to increase statewide the results for both age groups by 3%. MDWise was flat on its measures for both age groups. MHS improved just under 3% on its measure for 5-9 year olds; it increased 8% on its measure for 10-17 year olds. Overall, therefore, Indiana did not meet its statewide target.

Are there any quality improvement activities that contribute to your progress? No.

Annual Performance Objective for FFY 2008: To increase statewide the results by 3% for both age groups.

Annual Performance Objective for FFY 2009: To increase statewide the results by 3% for both age groups.

Annual Performance Objective for FFY 2010: To increase statewide the results by 3% for both age groups.

Explain how these objectives were set: Projected goals are based upon aggregate rate increase from data from previous years for all participating and qualifying managed care organizations.

Other Comments on Measure: Both MDWise and MHS were slightly below the NCQA 2006 Medicaid Median value for children ages 5-9 years (90%). Both MCOs matched the NCQA 2006 Medicaid Median value for children ages 10-17 years (87%).

MEASURE: Children's Access to Primary Care Practitioners

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005 technical specifications were used. This measure is the percentage of enrolled children who had a visit with a primary care practitioner (PCP). The measure is reported separately for children in the following age groups: 12 to 24 months, 25 months to 6 years, 7 to 11 years and 12 to 19 years.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006 technical specifications were used. This measure is the percentage of enrolled children who had a visit with a primary care practitioner (PCP). The measure is reported separately for children in the following age groups: 12 to 24 months, 25 months to 6 years, 7 to 11 years and 12 to 19 years.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007 technical specifications were used. This measure is the percentage of enrolled children who had a visit with a primary care practitioner (PCP). The measure is reported separately for children in the following age groups: 12 to 24 months, 25 months to 6 years, 7 to 11 years and 12 to 19 years.</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies. Results were audited by a certified HEDIS Auditor.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery system. The figures are reported separately for each of the three Indiana MCOs, Harmony Health Plan, MDWise and MHS.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery system. The figures are reported separately for three of the five Indiana MCOs, Harmony Health Plan, MDWise and MHS. The other two MCOs, CareSource and Molina, did not have populations satisfying the 2 year enrollment criteria as they were new MCOs for this reporting period.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery system. The figures are reported separately for two of the three Indiana MCOs, MDWise and MHS. The third MCO, Anthem, is new as of January 2007. Results are not available for three other MCOs in place in 2006—Harmony Health Plan, CareSource and Molina—because they were not under contract in 2007 when the measurement would take place.</p>
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006

FFY 2005	FFY 2006	FFY 2007																																																
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <table><tr><td><u>12-24 months</u></td><td><u>7-11 years</u></td></tr><tr><td>Numerator:</td><td>Numerator:</td></tr><tr><td>Denominator:</td><td>Denominator:</td></tr><tr><td>Rate:</td><td>Rate:</td></tr></table> <table><tr><td><u>25 months-6 years</u></td><td><u>12-19 years</u></td></tr><tr><td>Numerator:</td><td>Numerator:</td></tr><tr><td>Denominator:</td><td>Denominator:</td></tr><tr><td>Rate:</td><td>Rate:</td></tr></table> Additional notes on measure: The baseline for comparison is the NCQA Medicaid 2003 Median Rate. The base year for comparison is data collected under HEDIS 2004 (based on 2003 data). The following are the respective percentages of children with PCP visits who are between the ages of 12 and 24 months, 25 months and 6 years, 7 and 11 years and 12 and 19 years from HEDIS 2004: Harmony: 94%, 82%, 80% and 78%; MDWise: 94%, 81%, 80% and 80%; MHS: 94%, 83%, 78% and 78%	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <table><tr><td><u>12-24 months</u></td><td><u>7-11 years</u></td></tr><tr><td>Numerator:</td><td>Numerator:</td></tr><tr><td>Denominator:</td><td>Denominator:</td></tr><tr><td>Rate:</td><td>Rate:</td></tr></table> <table><tr><td><u>25 months-6 years</u></td><td><u>12-19 years</u></td></tr><tr><td>Numerator:</td><td>Numerator:</td></tr><tr><td>Denominator:</td><td>Denominator:</td></tr><tr><td>Rate:</td><td>Rate:</td></tr></table> Additional notes on measure: The baseline for comparison is the NCQA Medicaid 2004 Median Rate. The base year for comparison is data collected under HEDIS 2005 (based on 2004 data). The following are the respective percentages of children with PCP visits who are between the ages of 12 and 24 months, 25 months and 6 years, 7 and 11 years and 12 and 19 years from HEDIS 2005: Harmony: 96%, 87%, 87% and 86% MDWise: 96%, 83%, 84% and 83% MHS: 94%, 81%, 81% and 82%	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <table><tr><td><u>12-24 months</u></td><td><u>7-11 years</u></td></tr><tr><td>Numerator:</td><td>Numerator:</td></tr><tr><td>Denominator:</td><td>Denominator:</td></tr><tr><td>Rate:</td><td>Rate:</td></tr></table> <table><tr><td><u>25 months-6 years</u></td><td><u>12-19 years</u></td></tr><tr><td>Numerator:</td><td>Numerator:</td></tr><tr><td>Denominator:</td><td>Denominator:</td></tr><tr><td>Rate:</td><td>Rate:</td></tr></table> Additional notes on measure: 12-24 months: 25 mos-6 yrs; 7-11 yrs; 12-19 yrs MDwise - 97%; 85%; 87%; 85% MHS - 95%; 84%; 84%; 83% 2006 NCQA median: 95%; 85%; 85%; 83%	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:
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FFY 2005	FFY 2006	FFY 2007
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The previous year's Annual Performance Objective was to increase the access to primary care physician's for each of these populations by 2%. Both MDWise and MHS had increases in their results for all age groups from the prior year, but not every age group saw an increase of 2% or more.</p> <p>Are there any quality improvement activities that contribute to your progress? no.</p> <p>Annual Performance Objective for FFY 2008: To increase access to primary care providers for all children by 2% statewide and across all of these populations.</p> <p>Annual Performance Objective for FFY 2009: To increase access to primary care providers for all children by 2% statewide and across all of these populations.</p> <p>Annual Performance Objective for FFY 2010: To increase access to primary care providers for all children by 2% statewide and across all of these populations.</p> <p><i>Explain how these objectives were set:</i> Projected goals are based upon aggregate rate increase from data from previous years for all participating and qualifying managed care organizations.</p>		
<p>Other Comments on Measure: The weighted statewide aggregates for 2004 were 95%, 84%, 84%, and 84%. The weighted statewide aggregates for 2005 were 95%, 85%, 85%, and 84%.</p>		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

- The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	97213	95836	-1.42
Separate Child Health Program	36483	34532	-5.35

A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

- The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	123	26.9	7.8	1.7
1998 - 2000	122	26.1	7.8	1.6
2000 - 2002	109	16.6	6.8	1.0
2002 - 2004	100	15.8	6.0	.9
2003 - 2005	95	16.5	5.7	1.0
2004 - 2006	80	16.0	4.8	.9
Percent change	-35.0%	NA	-38.5%	NA

1996-1998 vs. 2004-2006				
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- A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

none

- B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

none

3. Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)

☒ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

- A. Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

- B. What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

- C. What are the limitations of the data or estimation methodology?

- D. How does your State use this alternate data source in SCHIP program planning?

4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

As of September 30, 2007, Title XIX Medicaid enrollment of children under age 19 was 457,560. Enrollment of Title XIX Medicaid children at the start of the CHIP program was 245,839 (July 1, 1997). Since the start of the CHIP program, enrollment in Title XIX Medicaid children has grown by 86%. Note that this percentage increase only measures the number of children enrolled in Title XIX at the two points in time studied. Additional children who were enrolled in Title XIX between these two time periods have since left the program.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- SCHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:

Please indicate the status of the data you are reporting for each goal, as follows:

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
- Final: Check this box if the data you are reporting are considered final for FFY 2007.
- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe) none
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Are there any quality improvement activities that contribute to your progress?
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2009:	Annual Performance Objective for FFY 2010:
	<i>Explain how these objectives were set:</i>	<i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) By September 30, 2002, 52,000 targeted low-income children will have health insurance through Title XXI.	Goal #1 (Describe) By September 30, 2002 , 52,000 targeted low-income children will have health insurance through Title XXI.	Goal #1 (Describe) By September 30, 2002, 52,000 targeted low-income children will have health insurance through Title XXI.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Uninsured, targeted low-income children will have health insurance through Indiana's Title XXI program. (Objective from State Plan for Phase I and subsequent State Plan that was approved 12/22/99 for Phase II).	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Uninsured, targeted low-income children will have health insurance through Indiana's Title XXI program. (Objective from State Plan for Phase I and subsequent State Plan that was approved 12/22/99 for Phase II).	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Uninsured, targeted low-income children will have health insurance through Indiana's Title XXI program. (Objective from State Plan for Phase I and subsequent State Plan that was approved 12/22/99 for Phase II).
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> IndianaAIM (Medicaid Management Information System)	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> MedInsight, a data warehouse for IndianaAim (Medicaid Management Information System)	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> MedInsight, a data warehouse for IndianaAim (Medicaid Management Information System)
Definition of Population Included in the Measure: Definition of denominator: Children enrolled in the Medicaid expansion portion and the separate state-designed portion of CHIP, both combined and separately. The unduplicated count of children in the Title XXI program between October 1, 2004 and May 31, 2005 (most recent available) were found. Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Children enrolled in the Medicaid expansion portion and the separate state-designed portion of CHIP, both combined and separately. The unduplicated count of children in the Title XXI program between October 1, 2005 and September 30, 2006 were found. Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Children enrolled in the Medicaid expansion portion and the separate state-designed portion of CHIP, both combined and separately. The unduplicated count of children in the Title XXI program between October 1, 2006 and September 30, 2007 were found. Definition of numerator:
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007

FFY 2005	FFY 2006	FFY 2007
<p>Performance Measurement Data: Described what is being measured: End FFY 2004 unduplicated count of children ever enrolled in CHIP was 127,865/94,516 in Medicaid expansion/33,349 in state designed program). At end of FFY 2005 the unduplicated count of children ever enrolled in CHIP was 133,192/96,865 in Medicaid expansion/36,327 in state-designed program). There were 2,349 children in Medicaid expansion portion/2,978 in the state-designed portion of the program who obtained health insurance at some point between October 1, 2004 and September 30, 2005.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: End of FFY 2005 unduplicated count of children ever enrolled in CHIP was 133,192/96,865 in Medicaid expansion and 36,327 in state designed program. At end of FFY 2006 unduplicated count of children ever enrolled during FFY 2006 in CHIP was 138,080/100,951 in Medicaid expansion and 37,129 in state-designed program). 4,086 children in Medicaid expansion portion and 802 in state-designed portion of program who obtained health insurance at some point between October 1, 2005 and September 30, 2006.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: The unduplicated count of children ever enrolled in CHIP in FFY 2006 was 138,080 (100,951 in Medicaid expansion and 37,129 in state-designed program). For FFY 2007, the unduplicated count of children ever enrolled in CHIP was 147,913 (107,674 in Medicaid expansion and 40,239 in state-designed program). Therefore, there was a gain in the ever-enrolled counts of 6,723 children in the Medicaid expansion portion and 3,110 in the state-designed portion of the program during FFY 2007.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? We continue to pursue our goal of enrolling every qualified child.</p> <p>Are there any quality improvement activities that contribute to your progress? no</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? We continue to pursue our goal of enrolling every qualified child. There was a gain in the ever-enrolled counts of 6,723 children in the Medicaid expansion portion and 3,110 in the state-designed portion of the program during FFY 2007.</p> <p>Are there any quality improvement activities that contribute to your progress? no.</p>
	<p>Annual Performance Objective for FFY 2007: To enroll every qualified child who can be enrolled. Annual Performance Objective for FFY 2008: To enroll every qualified child who can be enrolled.</p> <p>Annual Performance Objective for FFY 2009: To enroll every qualified child who can be enrolled.</p> <p><i>Explain how these objectives were set:</i> There is no change in outreach plan, but all of the avenues for advertisement and enrollment are in place and functioning.</p>	<p>Annual Performance Objective for FFY 2008: Continuous increase in the annual ever-enrolled count.</p> <p>Annual Performance Objective for FFY 2009: Continuous increase in the annual ever-enrolled count.</p> <p>Annual Performance Objective for FFY 2010: Continuous increase in the annual ever-enrolled count.</p> <p><i>Explain how these objectives were set:</i> Based on the Program Objective that is in the State Plan.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) By January 1, 1999 there will be at least a 10% increase in non-CHIP Medicaid enrollment by children under 19.	Goal #1 (Describe) By January 1, 1999 there will be at least a 10% increase in non-CHIP Medicaid enrollment by children under 19.	Goal #1 (Describe) By January 1, 1999 there will be at least a 10% increase in non-CHIP Medicaid enrollment by children under 19.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Children currently enrolled in Medicaid will be identified and enrolled in that program. (Objective from original State Plan for Phase I that was approved 6/26/98)	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Children currently enrolled in Medicaid will be identified and enrolled in that program. (Objective from original State Plan for Phase I that was approved 6/26/98)	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Children currently enrolled in Medicaid will be identified and enrolled in that program. (Objective from original State Plan for Phase I that was approved 6/26/98)
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> IndianaAIM (Medicaid Management Information System)	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> MedInsight, a data warehouse for IndianaAim (Medicaid Management Information System)	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> MedInsight, a data warehouse for IndianaAim (Medicaid Management Information System)
Definition of Population Included in the Measure: Definition of denominator: Count of children under age 19 in Indiana's Medicaid program by June 2005 (most recent available). The unduplicated count of children in the Title XIX program between June 2004 and June 2005 (most recent available) were found. Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: The unduplicated count of children under age 19 in the Title XIX, Indiana's Medicaid program between October 2005 and September 2006 were found. Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: The count of children under age 19 enrolled in Indiana's Medicaid program in September 2007. Definition of numerator:
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007

FFY 2005	FFY 2006	FFY 2007
Performance Measurement Data: Described what is being measured: At the end of FFY 2004, 440,378 children were enrolled in the non-CHIP Medicaid program. By June 2005, the enrollment of children in the non-CHIP Medicaid program was 454,264, an 85% increase since the implementation of CHIP. A total of 13,886 children in the non-CHIP Medicaid program became newly enrolled at some point between June 2004 and June 2005. Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: At the end of FFY 2006, 583,723 children were enrolled in the non-CHIP Medicaid program, an 138% increase since the implementation of CHIP. Numerator: Denominator: Rate: Additional notes on measure: No additional information	Performance Measurement Data: Described what is being measured: At the end of FFY 2007, 457,560 children were enrolled in the non-CHIP Medicaid program, an 86% increase since the implementation of CHIP. Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? We continue to pursue our goal of enrolling every eligible child. Are there any quality improvement activities that contribute to your progress? no
	Annual Performance Objective for FFY 2007: To enroll every qualified child who can be enrolled. Annual Performance Objective for FFY 2008: To enroll every qualified child who can be enrolled. Annual Performance Objective for FFY 2009: To enroll every qualified child who can be enrolled. <i>Explain how these objectives were set:</i> There is no change in the outreach plan, but all of the avenues for advertisement and enrollment are in place and functioning.	Annual Performance Objective for FFY 2008: To enroll every qualified child who can be enrolled. Annual Performance Objective for FFY 2009: To enroll every qualified child who can be enrolled. Annual Performance Objective for FFY 2010: To enroll every qualified child who can be enrolled. <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure: There is no change in the outreach plan, but all of the avenues for advertisement and enrollment are in place and functioning.

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 233">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 293 1226 318">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 345 1121 370"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 233">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 293 1848 318">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 345 1743 370"><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) At least 60% of 2 year olds enrolled in the Title XXI program will receive immunizations consistent with HEDIS recommendation	Goal #1 (Describe) At least 60% of 2 year olds enrolled in the Title XXI program will receive immunizations consistent with HEDIS recommendation	Goal #1 (Describe) At least 60% of 2 year olds enrolled in the Title XXI program will receive immunizations consistent with HEDIS recommendation
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Children enrolled in Indiana's Title XXI program will enjoy improved health status. (Objective from State Plan for Phase I and subsequent State Plan that was approved 12/22/99 for Phase II)	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Children enrolled in Indiana's Title XXI program will enjoy improved health status. (Objective from State Plan for Phase I and subsequent State Plan that was approved 12/22/99 for Phase II)	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005 technical specifications were used. This measure is the percentage of children who turned two years old during the measurement year, were continuously enrolled in the plan for the 12 months prior to the child's second birthday and received the following vaccinations: - Four doses DTaP or DT (diphtheria-tetanus) - Three doses OPV/IPV (polio) - One dose MMR (measles-mumps-rubella) - Three doses HiB (influenza) - Three doses Hepatitis B - One dose VZV (chicken pox) Also reports two separate combination rates: - Combination One: Four DTaP/DT, three OPV/IPV, one MMR, three HiB and three Hepatitis B vaccinations - Combination Two: All of the vaccinations listed in Combination One and one or more VZV vaccinations. The measurement year for HEDIS 2005 measures is 2004.	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2006 technical specifications were used. This measure is the percentage of children who turned two years old during the measurement year, were continuously enrolled in the plan for the 12 months prior to the child's second birthday and received the following vaccinations: - Four doses DTaP or DT (diphtheria-tetanus)(at least) - Three doses OPV/IPV (polio)(at least) - One dose MMR (measles-mumps-rubella)(at least) - Two doses HiB (influenza) - Three doses Hepatitis B - One dose VZV (chicken pox)(at least) Also reports two separate combination rates: - Combination Two: Four DTP/DTaP, three OPV/IPV, one MMR, two HiB and three Hepatitis B vaccinations, and one VZV - Combination Three: All of the vaccinations listed in Combination Two and four pneumococcal conjugate vaccinations vaccinations. The measurement year for HEDIS 2006 measures is 2005	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2007 technical specifications were used. This measure is the percentage of children who turned two years old during the measurement year, were continuously enrolled in the plan for the 12 months prior to the child's second birthday and received the HEDIS-defined Combination Two or Combination Three immunizations. The measurement year for HEDIS 2007 measures is 2006

FFY 2005	FFY 2006	FFY 2007
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data).</p> <p><input type="checkbox"/> Hybrid (claims and medical record data).</p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input checked="" type="checkbox"/> Other. <i>Specify:</i></p> <p>The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies. The data used for this measure is the result of combining administrative data (i.e. claims and encounter data) with data from medical record review and the Child's Hoosier Immunization Registry Project (CHIRP) database.</p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data).</p> <p><input type="checkbox"/> Hybrid (claims and medical record data).</p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input checked="" type="checkbox"/> Other. <i>Specify:</i></p> <p>The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies. The data used for this measure is the result of combining administrative data (i.e. claims and encounter data) with data from medical record review and the Child's Hoosier Immunization Registry Project (CHIRP) database.</p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data).</p> <p><input checked="" type="checkbox"/> Hybrid (claims and medical record data).</p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input checked="" type="checkbox"/> Other. <i>Specify:</i></p> <p>The measures are reported by the Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies. The data used for this measure is the result of combining administrative data (i.e. claims and encounter data) with data from medical record review and the Child's Hoosier Immunization Registry Project (CHIRP) database. Results were audited by a certified HEDIS Auditor.</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes SCHIP population only.</p> <p><input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p> <p>Definition of numerator: Two year-old children in the Medicaid expansion portion of CHIP and the separate state-designed portion of CHIP who are enrolled in the risk-based managed care delivery system. The figures are reported separately for each of the three Indiana MCOs, Harmony Health Plan, MDWise and MHS.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes SCHIP population only.</p> <p><input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p> <p>Definition of numerator: Two year-old children in the Medicaid expansion portion of CHIP and the separate state-designed portion of CHIP who are enrolled in the risk-based managed care delivery system. The figures are reported separately for three of the five Indiana MCOs, Harmony Health Plan, MDWise and MHS. The other two MCOs, CareSource and Molina, did not have populations satisfying the 2 year enrollment criteria as they were new MCOs for this reporting period.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes SCHIP population only.</p> <p><input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p> <p>Definition of numerator: Two year-old children in Medicaid and CHIP (the Medicaid expansion portion and the separate state-designed portion) who are enrolled in the risk-based managed care delivery system. The figures are reported separately for two of the three Indiana MCOs, MDWise and MHS. The third MCO, Anthem, is new as of January 2007. Results are not available for 3 other MCOs in place in 2006—Harmony, CareSource and Molina—because they were not under contract in 2007 when the measurement would take place.</p>
Year of Data: 2004	Year of Data: 2005	Year of Data: 2006
<p>HEDIS Performance Measurement Data:</p> <p><i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure: Statistics from 2004 were compared to baseline statistics and to the NCQA Medicaid 2003 median rates. Immunization rates improved at all three MCOs. In 2004, Harmony's rates for combinations 1 and 2 were 56% and 49%, MDWise's rates were 55% and 53%, and MHS' rates were 49% and 44%. All of these rates represented substantial increases over the base year, but they all fell short of the 60% NCQA Medicaid median.</p>	<p>HEDIS Performance Measurement Data:</p> <p><i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure: Statistics from 2005 compared to baseline statistics and to NCQA Medicaid 2004 median rates. In 2005, Harmony's rates for combinations 2 and 3 were 62% and 43%, MDWise's rates were 73% and 47%, and MHS' rates were 41% and 24%. The Combination two rates for Harmony and MDwise represented increases over last year, but Harmony and MHS fell short of the 66% NCQA Medicaid median. There was no 2004 NCQA Medicaid median for Combination Three to compare to the reported rates from these four MCOs.</p>	<p>HEDIS Performance Measurement Data:</p> <p><i>(If reporting with HEDIS/HEDIS-like methodology)</i></p> <p>Numerator:</p> <p>Denominator:</p> <p>Rate:</p> <p>Additional notes on measure: Combination 2: MDwise - 80%; MHS - 55%; NCQA median - 72% Combination 3: MDwise - 72%; MHS - 46%; NCQA median - 42%</p> <p>Both MCOs showed improvement on these measures from the prior year.</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The weighted statewide aggregate for 2004 were Combination Two was 49%.</p> <p>The weighted statewide aggregates for Combinations Two and Three were 59% and 38% respectively for 2005.</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: To reach the 2004 NCQA median of 66% for Combination Two Immunizations across all MCOs</p> <p>Annual Performance Objective for FFY 2008: To increase by 1% statewide for Combination Two Immunizations</p> <p>Annual Performance Objective for FFY 2009: To increase by 1% statewide for Combination Two Immunizations</p> <p><i>Explain how these objectives were set:</i> Based on previous years data and the fact that two of the three MCOs for 2007 will be going statewide with new populations of physicians and members.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The objective for 2007 in the 2006 Annual Report was to reach the national median at each MCO for Combination Two Immunizations. MDWise met this objective, and MHS did not.</p> <p>Are there any quality improvement activities that contribute to your progress? no</p> <p>Annual Performance Objective for FFY 2008: To reach the 2006 NCQA median of 72% for Combination Two Immunizations across all MCOs</p> <p>Annual Performance Objective for FFY 2009: To increase by 1% statewide for Combination Two Immunizations.</p> <p>Annual Performance Objective for FFY 2010: To increase by 1% statewide for Combination Two Immunizations.</p> <p><i>Explain how these objectives were set:</i> Based on previous years data.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) At least 60% of enrollees in the Title XXI program will receive recommended preventive services	Goal #2 (Describe) At least 60% of enrollees in the Title XXI program will receive recommended preventive services.	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Children enrolled in Indiana's Title XXI program will enjoy improved health status. (Objective from State Plan for Phase I and subsequent State Plan that was approved 12/22/99 for Phase II)	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Children enrolled in Indiana's Title XXI program will enjoy improved health status. (Objective from State Plan for Phase I and subsequent State Plan that was approved 12/22/99 for Phase II)	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005	Status of Data Reported: <input checked="" type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2005 technical specifications were used. This measure reports the percentage of enrolled children and adolescents who had a visit with a Primary Care Practitioner (PCP). Rates are reported in four age categories: - 12 months through 24 months old, continuously enrolled during the measurement year and had a visit with a PCP during the measurement year - 25 months through 6 years old, continuously enrolled during the measurement year and had a visit with a PCP during the measurement year - 7 through 11 years old, continuously enrolled during the measurement year and had a visit with a PCP during the measurement year - 12 through 19 years old, continuously enrolled during the measurement year and had a visit with a PCP during the measurement year.	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2006 technical specifications were used. This measure reports the percentage of enrolled children and adolescents who had a visit with a Primary Care Practitioner (PCP). Rates are reported in four age categories: - 12 months through 24 months old, continuously enrolled during the measurement year and had a visit with a PCP during the measurement year - 25 months through 6 years old, continuously enrolled during the measurement year and had a visit with a PCP during the measurement year - 7 through 11 years old, continuously enrolled during the measurement year and had a visit with a PCP during the measurement year - 12 through 19 years old, continuously enrolled during the measurement year and had a visit with a PCP during the measurement year.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>

FFY 2005	FFY 2006	FFY 2007
Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies	Managed Care Organizations (MCO) who collected data using NCQA-approved data collection and reporting methodologies	
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery system. The figures are reported separately for each of the three Indiana MCOs, Harmony Health Plan, MDWise and MHS.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children enrolled in Medicaid or CHIP in the risk-based managed care delivery system. The figures are reported separately for three of the five Indiana MCOs, Harmony Health Plan, MDWise and MHS. The other two MCOs, CareSource and Molina, did not have populations satisfying the 2 year enrollment criteria as they were new MCOs for this reporting period.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2005	Year of Data: 2006	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: The base year for comparison is 2003. The following are the respective percentages of children with PCP visits who are between the ages of 12 and 24 months, 25 months and 6 years, 7 and 11 years and 12 and 19 years: - Harmony: 94%, 82%, 80% and 78% - MDWise: 94%, 81%, 80% and 80% - MHS: 94%, 83%, 78% and 78%	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: The base year for comparison is 2004. The following are the respective percentages of children with PCP visits who are between the ages of 12 and 24 months, 25 months and 6 years, 7 and 11 years and 12 and 19 years: - Harmony: 96%, 88%, 88% and 86% - MDWise: 96%, 85%, 85% and 84% - MHS: 94%, 83%, 81% and 88%	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: The NCQA median benchmarks were: 95%, 85%, 84%, and 82%. The weighted statewide aggregates for 2005 are 95%, 85%, 95%, and 86%.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: To maintain statewide the current % of PCP visits per age cohort.</p> <p>Annual Performance Objective for FFY 2008: To increase the % of PCP office visits by 1% for each age cohort statewide</p> <p>Annual Performance Objective for FFY 2009: To increase the % of PCP office visits by 1% for each age cohort statewide</p> <p><i>Explain how these objectives were set:</i> Based upon previous years data and the rollout of statewide coverage for the two continuing MCOs and the addition of a new in 2007</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

Each year, the CHIP office contracts with an outside vendor to conduct an independent evaluation of the program. The findings from this evaluation are presented in a report to the Indiana Legislature. The 2007 evaluation has been included in this report as Attachment B. The evaluations in the past have included: a review of trends in utilization and payments by category of service; enrollment trends for both phases of Title XXI as well as between our Risk-Based Managed Care system MCOs; member access to primary care physicians at the county level; and member satisfaction. We anticipate that these analyses will continue in future years as well as more detailed analyses that will be added to the evaluation.

We also maintain a monitoring manual which was first developed in 2002. It has been updated annually each year since then. The 2007 monitoring manual includes 116 measures that are reported on in one-page snapshots that show the trends for that measure. Results from this year's manual were compared to previous years and summarized in a "dashboard" report that tracks each year's results. Areas shown on the scorecard that merit additional study are easily identifiable.

With respect to access, this year's evaluation found that:

? There are 34 counties in the state that do not have a pediatrician contracted with the Hoosier Healthwise program to serve Medicaid and CHIP children. Of these, however, all but two have family practitioners available to serve children. The remaining two counties, Ohio and Union, do have general practitioners that are willing to serve children.

? Of the remaining 58 counties that have pediatricians, eight counties have pediatricians that are not accepting new Hoosier Healthwise patients. All but one of these counties (Franklin) has more than sufficient capacity (also called panel size) among other types of doctors (family practitioners, general practitioners).

? Although some counties currently have panel size issues, there appears to be adequate opportunities for the State to negotiate with doctors in these counties to accept new patients. This is because the panel sizes among doctors in currently full panel counties is low.

? There does not appear to be a relationship between counties with full or near-full panel capacity and CHIP members' access to primary care. In four of the six counties, the percentage of CHIP members that saw their PMP in 2006 was above the statewide average. When emergency room usage was analyzed, it was found that none of the full/near-full panel counties had a disproportionate volume of ER usage among CHIP members.

? For members enrolled at least nine months in 2006, 72% of CHIP members in the Medicaid expansion portion of CHIP saw their own doctor, while 81% saw any doctor or clinic. Among members in the State-designed portion of CHIP, 83% saw their own doctor while 90% had some type of primary care visit.

With respect to quality, this year's CHIP evaluation reported results from the member survey administered by each of the five MCOs serving CHIP members in 2006. Indiana's MCOs contracted with a survey administrator to survey the parents of children in Hoosier Healthwise (CHIP and Medicaid) using a standardized survey tool used by Medicaid health plans nationwide (CAHPS). Across nine composite satisfaction measures, Indiana's statewide rates (all MCOs combined) were higher than the national averages. The measures include Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Courteous and Helpful Office Staff, Rating of Personal Doctor, Rating of Specialist, Rating of Health Care, and Rating of Health Plan. Also, on four of the nine composite measures, some Indiana MCOs had ratings that were statistically significantly higher than the national average. The only measure

in which Indiana was lower than the national Medicaid CAHPS average was Customer Service (67.9% favorable rating for Indiana and 72.1% for national).

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

Indiana's CHIP has a contract in place with the same vendor who conducted the evaluation and monitoring manuals in 2007 through 2009. We intend to build upon the findings from the 2007 reports and report on additional factors such as behavioral health since the Hoosier Healthwise MCOs (where CHIP members are enrolled) now cover behavioral health services as of January 1, 2007.

The vendor that completes the CHIP reports also conducts the External Quality Review (EQR) of the Hoosier Healthwise MCOs. As such, issues from the EQR that specifically relate to children are discussed within the context of how Indiana's CHIP should coordinate or participate in health plan improvements.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

No additional focus studies were conducted in FFY 2006.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

Attachment A: 2006 Independent Evaluation of the Indiana Children's Health Insurance Program

- o In December 2006, there were 53,162 children enrolled in Package A (Medicaid Expansion group) and 18,343 in Package C (State-designed program) for a total of 71,505 children.

- o Although the number of children in low income families has increased from 534,000 to 640,000 in the last five years, Indiana has been able to keep the number of uninsured children in this group constant at just under 100,000.

- o Access to primary care does not seem to be an issue for children in Indiana's CHIP. None of the full/near full capacity counties had a disproportionate volume of hospital ER usage among CHIP members.

- o Comparing utilization of services between Medicaid children, CHIP A children and CHIP C children, EPSDT services was similar among the groups but CHIP C utilization was higher than CHIP A, which was higher than Medicaid children for those who saw their assigned PMP and those who had a preventive dental visit.

Attachment B: Hoosier Healthwise 2007 CAHPS Child Surveys Results- MDwise

Description	2007 Rates/	2006 Rates/	2006 CAHPS Booklet
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Getting Needed Care	79.8%	83.6%	79.4%
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Getting Care Quickly	78.0%	82.1%	78.9%
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How Well Doctors Communicate	92.0%	93.3%	91.1%
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Courteous/Helpful Office Staff	91.4%	93.6%	91.8%
--------------------------------	-------	-------	-------

Customer Service	72.5%	72.1%	70.2%
Rating of Personal Doc	82.8%	85.1%	82.7%
Rating of Specialist	80.3%	80.9%	79.2%
Rating of Health Care	84.8%	83.5%	82.5%
Rating of Health Plan	79.9%	83.2%	80.1%

Attachment C: Hoosier Healthwise 2007 CAHPS Child Surveys Results- MHS

Description/ 2007 Rates/ 2006 Rates/ 2006 CAHPS Booklet

Getting Needed Care	78.5%	84.3%	79.4%
Getting Care Quickly	79.4%	82.1%	78.9%
How Well Doctors Communicate	91.3%	92.1%	91.1%
Courteous/Helpful Office Staff	92.5%	91.3%	91.8%
Customer Service	70.7%	65.8%	70.2%
Rating of Personal Doc	77.3%	77.8%	82.7%
Rating of Specialist	77.3%	84.1%	79.2%
Rating of Health Care	81.7%	84.3%	82.5%
Rating of Health Plan	82.5%	77.1%	80.1%

Enter any Narrative text below **[7500]**.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

No new large-scale outreach/communications strategies were developed in FFY 2007. We continued to focus on conducting outreach on a local basis and through schools. The relationship that CHIP shares with the community advocates of the Robert Wood Johnson Foundation's four-year Covering Kids and Families grant has helped develop work plans to improve enrollment processes, further developed local partnerships with schools and community health centers, and increased the use of enrollment trend data.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice? [7500]**

CHIP continues to collaborate with the Indiana Department of Education to mail Hoosier Healthwise applications to families who applied for the Free and Reduced-Price Meal program, notifying families that if their children qualified for the meal program, they would probably also qualify for Hoosier Healthwise. In the past, we found that after this notification was given to parents, data matching of enrollment files resulted in less than two percent of children enrolled in the Free and Reduced Meal program were not already enrolled in Medicaid or CHIP. We would consider this a best practice since it shows the effectiveness of a relatively inexpensive outreach method to the targeted eligible population.

Alternative enrollment options such as mail-in applications and 500 local enrollment centers (such as hospitals, health clinics, and community centers) throughout the state remained popular alternatives to applying at the local county eligibility office.

Absent a major television or radio campaign in FFY 2007, word of mouth continues to be the most common reason cited by callers to the Hoosier Healthwise Helpline about how they heard of CHIP.

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

Collaboration with the Free and Reduced-Price Meal program has been effective in raising awareness of the program and in soliciting Hoosier Healthwise applications among rural counties and families. Local community organizations are a source of information for underserved communities. Many local Division of Family and Children offices and Covering Kids projects have distributed information to local organizations and have enlisted their help in outreach efforts.

Indiana measures the demographic populations in the CHIP as well as new enrollment trends. In FFY 2007, new enrollment by race was similar to the overall distribution of CHIP, but some additional outreach could be undertaken with African-American communities. The figures below show the percentage of enrollees by race in CHIP in September 2007 as well as the percentage of all new enrollees within FFY 2007 by race.

For the Medicaid expansion portion of CHIP:

White- 66.7% enrolled in Sept 2007/69.7% new enrollees in FFY 2007

Black- 17.5% enrolled in Sept 2007/13.0% new enrollees in FFY 2007

Hispanic- 13.7% enrolled in Sept 2007/14.8% new enrollees in FFY 2007

All Other Races- 2.2% enrolled in Sept 2007/2.5% new enrollees in FFY 2007

For the State-designed portion of CHIP:

White- 74.1% enrolled in Sept 2007/78.0% new enrollees in FFY 2007

Black- 11.1% enrolled in Sept 2007/9.3% new enrollees in FFY 2007

Hispanic- 12.3% enrolled in Sept 2007/9.9% new enrollees in FFY 2007

All Other Races- 2.6% enrolled in Sept 2007/2.8% new enrollees in FFY 2007

4. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

The success of Indiana's CHIP has certainly contributed to the State's ability to keep the number of uninsured children in the state from growing despite increases in the overall child population. For example, although the number of children in low-income families (defined as under 200 percent of the FPL) has increased from 534,000 to 640,000 in the last five years, Indiana has been able to keep the number of uninsured children in this group constant at just under 100,000. Indiana's uninsured rate for the 2003-2005 period for children under 200 percent of the FPL was 14.8% as compared to the national average of 18.5%. Indiana's three-year uninsured rate average for this population has decreased in each of the last four reporting periods and has always been below the national average.

(Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements. Number and Percent of Children under 19 Years of Age, at or below 200 Percent of Poverty. Three-year averages are used, the most recent being 2003-2005. <http://www.census.gov/hhes/www/hlthins/lowinckid.html>)

With respect to the percentage of children below 200 percent of the FPL enrolled in Medicaid or SCHIP, the Current Population Survey March 2007 supplement reports that in Indiana, [65%] of these children are enrolled in Medicaid/SCHIP in Indiana.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program up to and including 200% of FPL must complete question 1.

1. Is your state's eligibility level up to and including 200 percent of the FPL?

- ☐ Yes
☐ No
☒ N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. [7500]

States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.

2. Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

- ☐ Yes
☐ No
☒ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. [7500]

States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.

3. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- ☐ Yes
☐ No
☒ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.). [7500]

All States must complete the following 3 questions

4. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. [7500]

Families applying for coverage in CHIP are verified for the presence of other insurance. If applicants attest to having other insurance, their eligibility for a state insurance program is determined by their income level. For children in families with income between 100% and 150% of the FPL, evidence of other insurance precludes them from eligibility in the state-designed portion of the CHIP program but these children are eligible for Indiana's Medicaid program. For children in families with income between 150% and 200% of the FPL, evidence of other insurance in the prior three months precludes them from eligibility in the CHIP program and the Medicaid program.

Once eligibility in Indiana's state-designed CHIP program has been authorized, the computer system continues to provide a 30, 60, and 90 day lookback of any additional insurance information that may have been provided for each member once they were determined eligible.

There are certain limitations to eligibility under the state-designed portion of CHIP relative to the coverage or possible coverage of the children under other insurance which include:

Access to the State of Indiana Health Insurance Plan- Children whose parents, caretakers or spouses can cover them under the State of Indiana's health coverage plans are excluded from CHIP even if the State employee has chosen not to cover the child, and regardless of whether or

not an open enrollment period is available to the employee at the time of the CHIP application. The prohibition does not apply if it is a non-custodial parent who is the State employee.

Coverage by other health insurance- Children who are covered by comprehensive health insurance (hospital and medical or major medical) are not eligible for CHIP, even if there is a pre-existing condition or specific diagnosis exclusion clause.

Dropping health insurance coverage- Children whose health insurance coverage has been dropped voluntarily may not become eligible for the State-designed CHIP program for three months following the month of termination. The Hoosier Healthwise application (Form 2030) asks for information concerning the reason for the termination of coverage. If "could not afford" is indicated as the reason, the insurance is considered to have been terminated voluntarily and the child is subject to the three-month waiting period. Termination of insurance due to loss of employment (even if the loss was due to a voluntary quit) does not affect the child's eligibility for CHIP. If the family lists a reason that is not on the application, and the worker is uncertain as to whether the termination should be considered voluntary, the Policy Answer Line should be contacted.

5. At the time of application, what percent of applicants are found to have insurance? **[7500]**

The percent of applicants found to have insurance at the point of application for children in families with income between 150% and 200% of the FPL is not tracked by the State. However, for children in families with income between 100% and 150% of the FPL, it is tracked because these children are eligible for Indiana's Medicaid program. In FFY 2006, the percentage of children in families between 100% and 150% of the FPL with and without insurance was 16% and 84%, respectively. This distribution has not changed much in recent years.

6. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

This statistic is not tracked by the State.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

Yes. SCHIP was built upon the existing infrastructure of the Medicaid program and uses the same application and procedures. The seamless application process accommodates families whose income range fluctuates between the two programs. Income fluctuation, therefore, does not interrupt coverage even though it may require a change in program funding. (See Attachment A: Application for Hoosier Healthwise)

2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

For uninsured children ages 1-5 whose family income exceeds 133% FPL or children 6-18 whose family income exceeds 100% FPL, the transition from Medicaid to SCHIP will have no discernible effect on the family. Instead, a change in funding source will be documented by the Indiana Client Eligibility System (ICES). For uninsured children who are in the under one year through 19 year age group and whose family income exceeds 150% FPL, ICES assigns a new eligibility code to that child and the family is notified in writing that they must pay a premium, which varies with

income, in order to maintain health insurance coverage. Included in the written notice is the information that coverage will begin after a premium payment has been made. One administrative challenge is that Medicaid enrollment can allow for up to three months of retroactive coverage. When a SCHIP family qualifies for Medicaid, the state must refund premiums paid for the period, which retroactively became premium-free.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

Yes. CHIP is based on the same eligibility and service delivery infrastructure as Medicaid. As a result, all providers enroll as Medicaid and CHIP providers and cannot choose to serve one population or the other. This has been an essential part of our success in keeping children enrolled as their family income changes.

4. For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

Not applicable, since Indiana uses a joint application.

ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program? **[500]**

3 for non-payment of premium; 1 for all other reasons

- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**

Reminders are sent 45 days prior to the end of the current period; 13 calendar days for notices of adverse action

☐ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups) **[500]**

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]***

Applicant information is retained in the Indiana Client Information System and may be updated via a phone interview with a caseworker for initial applications, re-applications and redeterminations.

☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* **[500]**

☒ Other, *please explain:* **[500]**

For families in the 150%-200%FPL income group, monthly invoices include a warning that nonpayment of a premium may result in discontinuing coverage. When two consecutive months of payment are missed, the Indiana Client Eligibility System generates a notice to a family that has failed to pay premiums, warning that coverage will end the last day of the month in which payment has not been made. Three notices are sent to families that fail their premium payment obligations.

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

No formal studies have been conducted to determine which methods specifically have been most effective in retaining children in CHIP. However, because the State discontinued 12-month eligibility for children on July 1, 2002, it ensures that members receive renewal reminder notices so that eligible members remain in the program.

3. What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

The contractor who conducts our independent evaluation has measured disenrollment rates of members at the time of redetermination a number of times over the years and we have not seen a discernible increase in disenrollment at the time of the member's redetermination. However, disenrollment rates in general remain high in Indiana's CHIP. In calendar year 2006, the disenrollment rate was 17% in the Medicaid expansion portion of CHIP and 25% in the state-designed portion of CHIP.

4. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- ☐ Yes
☒ No
☐ N/A

When was the monthly report or assessment last conducted? **[7500]**

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **[7500]**.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

COST SHARING

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

No formal assessment has been undertaken to determine the effects of premiums/enrollment fees on participation in CHIP.

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? **[7500]**

No formal assessment has been undertaken to determine the effects of cost sharing on utilization of health services in CHIP other than comparisons of utilization trends between children in the Medicaid expansion portion of CHIP (no cost sharing) and the state-designed portion of CHIP (cost sharing). As part of the annual independent evaluation of CHIP, utilization trends are monitored. In the 2007 report (2006 utilization measured), it was found that there is little difference between the two CHIP programs in their utilization patterns (measured on a per 1,000 basis and percent of users basis). When compared to Medicaid children, CHIP children overall had a higher dental claims rate, pharmacy claims rate, and PMP physician claims rate per 1,000 (adjusted for age).

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? **[7500]**

There have been no changes in cost sharing in the past federal fiscal year.

EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

1. Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

- ☐ Yes, please answer questions below.
☒ No, skip to Program Integrity subsection.

Children

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration

Adults

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration
☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults
- ☐ Pregnant Women

3. Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**

4. What benefit package does the ESI program use? **[7500]**

5. Are there any minimum coverage requirements for the benefit package? **[7500]**

6. Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

7. Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

_____	Number of childless adults ever-enrolled during the reporting period
_____	Number of adults ever-enrolled during the reporting period
_____	Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)**
[7500]

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: _____

Employer: _____

Employee: _____

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution?
[500]

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

**PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS
(I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS))**

1. Does your state have a written plan that has safeguards and establishes methods and procedures for:

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

Yes, the Office of Medicaid Policy and Planning (OMPP) Program Integrity Unit has procedures for ensuring program integrity and detecting fraudulent or abusive activity.

The OMPP, in conjunction with contracted staff, maintains written manuals and requirements on the process for identification and referral of cases of fraud and abuse.

The Managed Care Organizations (MCOs) are required to refer cases upon identification to the Medicaid Fraud Control Unit (MFCU). The MFCU, an arm of the Attorney Generals' Office with whom the Office maintains a Memorandum Of Understanding, conducts formal investigations of such cases.

In addition, identified overpayments are recovered through routine surveillance and utilization (SUR) processes. The Division of Family Resources (DFR) completes the eligibility determination process. Eligibility fraud referrals are forwarded to the Compliance Division within the Family and Social Services Administration (FSSA).

The OMPP Program Integrity Unit employs numerous methods to identify and investigate suspected fraud. Such methods include random sampling, provider rankings, providers' self auditing, and algorithms.

The statistical analyses, algorithms, and neural network strategies contribute to the identification of provider cases for review and serve as a cross-reference to validate referrals. Providers are flagged if they exhibit payment patterns that vary greatly from their peers. If necessary, further review will take place through medical record or onsite review. The SUR Operations Manual outlines this process in detail.

Providers are afforded due process through appeals, according to 405 Indiana Administrative Code 1-1.5-1. This process is also outlined in the Indiana Health Coverage Programs (IHCP) Provider Manual.

In addition to the OMPP Program Integrity Unit's procedures, each MCO that contracts with Hoosier Healthwise must submit a program integrity plan annually. Also, each MCO must employ key staff, dedicated to the Hoosier Healthwise program. The Compliance Officer is a key staff member at the MCO and is described below.

- Compliance Officer – The MCO must employ a Compliance Officer who is dedicated full-time to the Hoosier Healthwise program. This individual will be the primary liaison with the State (or the State's designees) to facilitate communications between OMPP and the State's contractors and the MCO's executive leadership and staff. This individual must maintain a current knowledge of

Federal and State legislation, legislative initiatives, and regulations that may impact the MCO's Hoosier Healthwise program. OMPP must approve of the candidate who will fill this position. The compliance officer, in close coordination with other key staff, has primary responsibility for ensuring all MCO functions are in compliance with the terms of the MCO's contract.

2. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

Provider Credentialing

574 Number of cases investigated
6 Number of cases referred to appropriate law enforcement officials

Provider Billing

277 Number of cases investigated
16 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

5 Number of cases investigated
0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP ☐

Medicaid and SCHIP Combined ☒

3. Does your state rely on contractors to perform the above functions?

☒ Yes, please answer question below.

☐ No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

The OMPP contracts out the surveillance and utilization review (SUR) functions to Health Care Excel (HCE).

The OMPP provides oversight of HCE:

- through approval of manuals,
- by conducting onsite reviews and hosting meetings, and

- by conducting routine approvals and collaborating on work efforts on a regular operational basis

Health Care Excel conducts preliminary investigations, and if fraud and abuse is suspected of providers refers cases to the Attorney General's office. The OMPP maintains a Memorandum Of Understanding (MOU) with the Medicaid Fraud Control Unit (MFCU) of the Attorney General's Office which investigates provider fraud and abuse. The HCE and OMPP meet with MFCU on a regular basis and routinely provides feedback regarding referrals.

The OMPP further maintains an MOU with the Compliance Division with FSSA which investigates recipient eligibility fraud. Investigations are referred to law enforcement officials by the Compliance Division.

Enter any Narrative text below. **[7500]**

PROVIDER CREDENTIALING: IHCP does not credential providers. IHCP requires license and certificate information for many provider types. The follow-up action is to disenroll the provider which, in many cases, prompts them to update their provider profiles with IHCP.

NOTE: These investigative activities for the most part represent the total Medicaid/CHIP population and are currently not separately tracked. Multiple levels of investigation are available.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period =Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED SCHIP PLAN

	2007	2008	2009
Benefit Costs			
Insurance payments			
Managed Care	80556445	84584267	88813480
Fee for Service	44085610	46289890	48604385
Total Benefit Costs	124642055	130874157	137417865
(Offsetting beneficiary cost sharing payments)	-4034112	-4235818	-4447608
Net Benefit Costs	\$ 120607943	\$ 126638339	\$ 132970257

Administration Costs

Personnel	194783	200626	206645
General Administration	1357	1398	1440
Contractors/Brokers (e.g., enrollment contractors)	1289435	1328118	1367962
Claims Processing	2298642	2367601	2438629
Outreach/Marketing costs	0	0	0
Other (e.g., indirect costs)	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	3784217	3897743	4014676
10% Administrative Cap (net benefit costs ÷ 9)	13400883	14070927	14774473

Federal Title XXI Share	91838732	96440057	102711303
State Share	32553428	34096025	34273630

TOTAL COSTS OF APPROVED SCHIP PLAN	124392160	130536082	136984933
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☐ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☒ Tobacco settlement
- ☒ Other (specify) **[500]** Premium payments collected from CHIP II recipients

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

no

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	55036	\$ 27	55036	\$ 27	55036	\$ 27
Fee for Service	2565	\$ 141	2565	\$ 141	2565	\$ 141

Enter any Narrative text below. **[7500]**

Expenditures are based on CMS-64. Managed care numbers are from line 1 of the CMS-64.21 and CMS-21.

Administration break-out is based on June 30 budget report and contract sheet.

FFY 2003 assistance costs are increased by 11.6%.

FFY 2004 assistance costs are increased by 7.9%.

FFY 2005 assistance costs are increased by 13.3%.

FFY 2006 assistance costs are increased by 18.7%.

FFY 2007 assistance costs are increased by 6.6%.

This was revised downward from earlier projections.

**Source doc - 10-06 Medicaid Forecast

FFY 2008 assistance costs are increased by 6.6%.

**Source doc - 10-06 Medicaid Forecast

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

1. If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
	* Upper % of FPL are defined as Up to and Including									
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

3. What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. **[1000]**

4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3

(e.g., pregnant women)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4

(e.g., childless adults)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

Net Benefit Costs (Total Benefit Costs - Offsetting
Beneficiary Cost Sharing Payments)

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Administration Costs

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share

State Share

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TOTAL COSTS OF DEMONSTRATION

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When was your budget last updated (please include month, day and year)? **[500]**

Please provide a description of any assumptions that are included in your calculations. **[500]**

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

The State of Indiana has embarked on developing a health care plan titled the Healthy Indiana Plan, to extend health insurance coverage to uninsured and underinsured adults. The plan will begin January 1, 2008. The plan has the full backing and support of the Governor and the Legislature. The Office of Medicaid Planning and Policy also expects to attempt to extend coverage for children up to 250% of the FPL. There is tremendous legislative support for enhancement of quality initiative directed at prenatal care and care for low income children.

2. During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

The greatest challenges we have faced during this period are two-fold: 1) transition away from two MCO's and transition in of another one, resulting in possible disruption of care for children enrolled in those health plans; 2) accuracy and full reporting of shadow claims data.

3. During the reporting period, what accomplishments have been achieved in your program? **[7500]**

During the reporting period, the Indiana Office of Medicaid Planning and Policy, under the direction of Dr. Jeffrey Wells, has built a team of competent directors and managers who are fully engaged in monitoring and linking business outcomes to quality and health outcomes. As a team, we are working closely with health plans, stakeholders, and the legislature to continually improve the delivery of care, define targets for care, and engage in strategic planning for the future of the populations enrolled in Medicaid. Recent initiatives include the beginning of continuous eligibility for children 0-3, initiatives to improve the capture of claims data to measure quality, the development of quality standards and performance measures, and the plan to implement presumptive eligibility for pregnant women in the Summer 2008.

4. What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

We plan on developing quality initiatives around the delivery of well-child visits for 0-15 months, 3-6 y/o and adolescents. We plan on moving wards/fosters/adoptees into our care managed fee for service programs (Care Select); we are planning on the start up of presumptive eligibility for pregnant women in order to influence prenatal care that may lead to improved neonatal outcomes; we are working with the Indiana State Department of Health in order to better capture immunization data and develop downstream initiatives in this area; we will update our EPSDT chart to include the 15 month and second adolescent visit; and we are developing targeted quality outcomes for children. The changes all reflect the results of analyses looking at potential target areas where quality initiatives may better improve the care of larger populations of children.

Enter any Narrative text below. **[7500]**